

Edman
Leachville

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FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **44016**

BIRTH NO.		REG. DIST. NO. 103		PRIMARY REG. DIST. NO. 5417		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbyrd		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbyrd		03 S. J	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Dave		b. (Middle) Houston		c. (Last) McGraw		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 1-27-1877		9. AGE (In years last birthday) 73 # UNDER 1 YEAR Months 7 Days 26 # UNDER 1 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Edman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee McGraw, Arbyrd, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic DUE TO (c) Heart Disease 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42010				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1948 , to 22 Sept, 1950 , that I last saw the deceased alive on 15 Aug, 1950 , and that death occurred at 4:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. N. Edman M.D.		23b. ADDRESS Leachville Ark		23c. DATE SIGNED 4 Sept 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-24-50		24c. NAME OF CEMETERY OR CREMATORY Hornersville		24d. LOCATION (City, town, or county) (State) Hornersville, Missouri	
DATE REC'D BY LOCAL REG. 9-17-51		REGISTRAR'S SIGNATURE Bertha Kinschling		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. J. Emerson, Paragould, Arkansas			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-18-51

COUNTY FILE NUMBER 951-247

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.